



Motor Vehicle Commission

State of New Jersey
Business License Services
609-777-1684

In order to process your EMISSION REPAIR FACILITY (ERF) Registration please submit the items listed below.

Initial Application

Supplementary Application

Child Support Certification

License Fee \$50.00 (make check payable to MVC)

Emission Repair Technician Form

Business Hours

Copy of Drivers License

Copy of Corporate Papers if Business is a Corporation

Other



Motor Vehicle Commission

State of New Jersey
Business License Services
P.O. Box 170
609-777-1686

APPLICATION FOR REGISTRATION EMISSION REPAIR FACILITY

FOR OFFICE USE ONLY

License Number: _____ Date: _____

Reg. No.: _____

Approved By: _____

\$50.00

Corp Code: _____

Business Phone: _____

Name of Business (if corporation, corporate name)

NJ Sales Tax Identification No.

Street Address

NJ Unemployment Registration No.

City State Zip County

Federal Employment Identification No.

Complete the following for proprietor, partners, or corporate officers:

NAME

ADDRESS

TITLE

On the Road to Excellence
Visit us at www.njmvc.gov
New Jersey is an Equal Opportunity Employer

**BUSINESS LICENSE SERVICES
SUPPLEMENTARY APPLICATION**

BUSINESS NAME				BUSINESS PHONE #			
1. FULL NAME INCLUDING MIDDLE NAME AND SUFFIX, IF ANY							
2. STREET ADDRESS				CITY		STATE	
3. HOW LONG HAVE YOU LIVED AT THE ABOVE ADDRESS?						HOME PHONE #	
4. LIST THE CITIES, STATES OR FOREIGN COUNTRIES WHERE YOU LIVED BEFORE AND HOW LONG YOU WERE IN EACH STATE OR COUNTRY.							
5. DATE OF BIRTH (MO. DAY, YEAR)				6. PLACE OF BIRTH: (CITY, STATE OR FOREIGN COUNTRY)			
7. SEX		8. HEIGHT		9. WEIGHT		10. COLOR OF EYES	
11. SOCIAL SECURITY NUMBER			12. DRIVER LICENSE NUMBER (STATE)				
13. HAVE YOU, IN THIS OR ANY OTHER STATE OR COUNTRY EVER BEEN ARRESTED, CHARGED OR CONVICTED OF A CRIME, DISORDERLY PERSONS OFFENSE, VIOLATION OF CONSUMER PROTECTION LAWS OR REGULATIONS? YES NO							
IF YES, ATTACH EXPLANATION DESCRIBING NATURE OF OFFENSE, DATE, CITY AND STATE WHERE OFFENSE OCCURRED, IDENTIFY COURT OR ADMINISTRATIVE TRIBUNAL BEFORE THE CASE WAS TRIED, DATE AND SENTENCE.							
14. I CERTIFY THAT THE INFORMATION PROVIDED HEREIN AND ATTACHMENTS, IF ANY, IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.							
SIGNATURE: _____ DATE _____							
1. FULL NAME INCLUDING MIDDLE NAME AND SUFFIX. IF ANY							
2. STREET ADDRESS				CITY		STATE	
3. HOW LONG HAVE YOU LIVED AT THE ABOVE ADDRESS?						HOME PHONE #	
4. LIST THE CITIES, STATES OR FOREIGN COUNTRIES WHERE YOU LIVED BEFORE AND HOW LONG YOU WERE IN EACH STATE OR COUNTRY.							
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SIGNATURE: _____ DATE _____							



STATE OF NEW JERSEY
Motor Vehicle Commission
Business License Services

CHILD SUPPORT CERTIFICATION FORM

Business Name

Applicant's Name (Print)

Date of Birth

Social Security Number

Under the provisions of N.J.S.A. 2A:17-56.7 et seq. the response to the below listed questions are required. Mis-statement will be just cause to take administrative action including, but not limited to, denial of licensure, immediate revocation or suspension of the license.

1. Do you have a child support obligation? ☐ Yes ☐ No
2. If yes, do the arrearage amounts equal or exceed the amount of child support payable for six months? ☐ Yes ☐ No
3. Are you subject to a child-support warrant? ☐ Yes ☐ No

I certify that the foregoing responses made by me are true and I am aware that the making of false statement may subject me to contempt of court.

Signature

Date



Motor Vehicle Commission

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EMISSION REPAIR FACILITY TECHNICIAN

I, the undersigned, certify that the below listed employee(s) meet the repair Technician Certification requirements.

NAME	SS NO.	ADDRESS	LIST CERTIFICATIONS
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Licensee's Name and Title

Date



New Jersey Motor Vehicle Commission

Business License Services
P.O. Box 170
Trenton, New Jersey 08666-0170

BUSINESS HOURS

Name of Business _____ License No. _____

Address _____

Days Open for Business

Business Hours

Monday	From	To
Tuesday	From	To
Wednesday	From	To
Thursday	From	To
Friday	From	To
Saturday	From	To

Signature of Proprietor, partner or officer _____

Date _____